

Their son, Tanner, was probably 8 or 9 at the time. They rigged up a wheelchair so he could go hunting with his father. But then it got to the point where they couldn't do that at all. Then, unfortunately, I was able to attend Mr. Ensor's funeral.

I don't have personal experiences in my family, but just seeing the effort that a family has to go through and the love that they do it in was an example for me to get involved in this issue, and the suffering that the patient goes through but also the extremely difficult circumstances for a family but how they were so loving in everything they did.

I want to close with this: I know that Brian and his wife, Sandra, were there at the hearing and touched every one of us. I want to yield back in honor of the Ensor family from Lebanon Junction, Kentucky, Mr. Speaker.

Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, after listening to the personal stories on both sides of the aisle, I don't think anyone would question why this bill is important in order to provide hope to so many, as the speakers said, in order to try to find a cure and in order to try to find more treatments and clinical trials. All these are basically put into this legislation.

Mr. Speaker, again, I urge unanimous support for this bill on both sides, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 5487, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WEBER of Texas. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

STILLBIRTH HEALTH IMPROVEMENT AND EDUCATION FOR AUTUMN ACT OF 2021

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5487) to improve research and data collection on stillbirths, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5487

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Stillbirth Health Improvement and Education for Autumn Act of 2021" or the "SHINE for Autumn Act of 2021".

SEC. 2. STILLBIRTH RESEARCH AND DATA COLLECTION IMPROVEMENTS.

Title III of the Public Health Service Act is amended by inserting after section 317L-1 of such Act (42 U.S.C. 247b-13a) the following:

"SEC. 317L-2. STILLBIRTH RESEARCH AND DATA COLLECTION IMPROVEMENTS.

"(a) STILLBIRTH SURVEILLANCE AND RISK FACTOR STUDIES.—

"(1) IN GENERAL.—The Secretary may award grants to States for purposes of—

"(A) conducting surveillance and collecting data with respect to stillbirths;

"(B) building State and local public health capacity to assess stillbirth data; and

"(C) collecting and reporting data on stillbirth risk factors, including any quantifiable outcomes with respect to such risk factors.

"(2) AUTHORIZATION OF APPROPRIATIONS.—To carry out this subsection, there is authorized to be appropriated \$5,000,000 for each of fiscal years 2022 through 2026.

"(b) GUIDELINES AND EDUCATIONAL AWARENESS MATERIALS.—

"(1) IN GENERAL.—The Secretary shall—

"(A) issue guidelines to State departments of health and State and local vital statistics units on—

"(i) collecting data on stillbirth from health care providers, and with the consent of the family involved, including any such data with respect to the clinical history, postmortem examination, and placental pathology;

"(ii) sharing such data with Federal agencies determined appropriate by the Director of the Centers for Disease Control and Prevention; and

"(iii) improving processes and training related to stillbirth data collection and reporting to ensure standardization and completeness of data; and

"(B) develop, and make publicly available, educational awareness materials on stillbirths.

"(2) CONSULTATION.—In carrying out paragraph (1), the Secretary may consult with—

"(A) national health care professional associations;

"(B) national associations representing State and local public health officials;

"(C) organizations that assist families with burial support and bereavement services;

"(D) nurses and nurse practitioners;

"(E) obstetricians and gynecologists;

"(F) pediatricians;

"(G) maternal-fetal medicine specialists;

"(H) midwives;

"(I) mental health professionals;

"(J) statisticians;

"(K) individuals who have experienced a stillbirth; and

"(L) advocacy organizations representing such individuals.

"(3) AUTHORIZATION OF APPROPRIATIONS.—To carry out this subsection, there is authorized to be appropriated \$1,000,000 for each of fiscal years 2022 through 2026.

"(c) VITAL STATISTICS UNIT DEFINED.—In this section, the term 'vital statistics unit' means the entity that is responsible for maintaining vital records for a State, or a political subdivision of such State, including official records of live births, deaths, fetal deaths, marriages, divorces, and annulments."

SEC. 3. PERINATAL PATHOLOGY FELLOWSHIPS.

The Public Health Service Act is amended by inserting after section 1122 of such Act (42 U.S.C. 300c-12) the following:

"SEC. 1123. IMPROVING PERINATAL PATHOLOGY.

"(a) IN GENERAL.—The Secretary shall establish and implement, or incorporate into an existing training program, a Perinatal Pathology Fellowship Program or a Postdoctoral Research Fellowship on Factors Associated with Stillbirth Program to—

"(1) provide training in perinatal autopsy pathology;

"(2) conduct research on, and improve data collection through fetal autopsies with respect to, stillbirth; and

"(3) address challenges in stillbirth education, research, and data collection.

"(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry

out this section \$3,000,000 for each of fiscal years 2022 through 2026."

SEC. 4. REPORTS.

(a) EDUCATIONAL GUIDELINES REPORT.—

(1) IN GENERAL.—Not later than five years after the date of enactment of this Act, the Secretary of Health and Human Services shall publish on a public website of the Department of Health and Human Services a report with educational guidelines on stillbirth and stillbirth risk factors.

(2) CONTENTS.—Such report shall include, to the extent practicable and appropriate, the guidelines issued and educational awareness materials developed under section 317L-2 of the Public Health Service Act, as added by section 2 of this Act.

(b) PROGRESS REPORT.—Not later than five years after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Congress a comprehensive report on the progress and effectiveness of the Perinatal Pathology Fellowship Program established under section 1123 of the Public Health Service Act, as added by section 3 of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 5487.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, stillbirth is one of the most devastating losses that affects more than 24,000 families each year. Stillbirth touches families of all races, religions, and socioeconomic status.

For many parents, stillbirth is a loss that hits unexpectedly. In fact, up to half of all stillbirths occur in pregnancies that had seemed problem-free. However, miscarriages and stillbirths are not systematically recorded, even in developed countries, suggesting that the numbers could be even higher.

While there has been some progress in reducing stillbirths, causes and risk factors have not been explored extensively.

H.R. 5487, the SHINE for Autumn Act of 2021, is an important first step in promoting positive change around this issue. The legislation is in honor of Autumn Joy, who was born stillborn on July 8, 2011. For the last decade, her mother, Debbie Haine, has transformed her loss into action.

The legislation seeks to bolster research on stillbirths and stillbirth risk factors to lower our Nation's stillbirth rate. H.R. 5487 would provide resources to State and Federal health departments, improve data collection around stillbirths, and increase education and awareness.

Since a stillbirth is such a private, devastating life event, the data collected is only intended for the purpose

of informing public health research and improving health outcomes. The resources provided in the legislation to the Centers for Disease Control and Prevention, the National Institutes of Health, and State health departments to improve data collection and increase education and awareness is simply the beginning of a longer term solution toward the prevention and reduction of incidences of stillbirth nationwide.

I want to thank Representatives HERRERA BEUTLER, ROYBAL-ALLARD, MULLIN, and CASTOR for their work on this important legislation.

Mr. Speaker, I urge my colleagues to support this bipartisan bill, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5487, the SHINE for Autumn Act of 2021, led by Representatives HERRERA BEUTLER, ROYBAL-ALLARD, MULLIN, and CASTOR.

Each year, about 24,000 babies are stillborn in the United States, according to the Centers for Disease Control and Prevention. Despite medical innovations, stillbirth rates remain relatively unchanged and affect women of different ages and backgrounds.

No family should have to go through such an unthinkable tragedy, and this is, unfortunately, far too common.

H.R. 5487 aims to prevent stillbirth through enhanced research, surveillance, and reporting. Specifically, the bill directs the Department of Health and Human Services to better support States in collecting more complete stillbirth data. It also establishes a National Institutes of Health fellowship program focused on stillbirth research and pathology.

This legislation will help provide much-needed outreach and education on stillbirths, giving healthcare providers additional tools to improve health outcomes for mothers and babies who deserve a fighting chance at life.

Mr. Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Florida (Ms. CASTOR), who is a member of the Energy and Commerce Committee and chair of the Select Committee on the Climate Crisis.

Ms. CASTOR of Florida. Mr. Speaker, I thank Chairman PALLONE for yielding me the time.

Mr. Speaker, here in the United States, we continue to grapple with a maternal and infant health crisis. There are approximately 24,000 stillbirths in the United States each year, and we rank 25th among 49 high-income countries in stillbirth rates.

There are longstanding and persistent racial and ethnic disparities, with Black women experiencing stillbirths at two times the rate of White women.

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So we need real change that will help lead to measurable improvements in

health. That is why I was pleased to introduce the Stillbirth Health Improvement and Education for Autumn, or SHINE for Autumn Act, with my colleagues, Representatives HERRERA BEUTLER, ROYBAL-ALLARD, and MULLIN.

Through the bill, we intend to improve the research and data collection on stillbirths. We want to authorize grants for surveillance and data collection. We are going to develop guidelines and educational materials and create a fellowship at NIH to dive deeper into the research.

The bill is named in honor of Autumn Joy, who was stillborn on July 8, 2011. Her mother, Debbie, turned this tragedy into advocacy. She spearheaded the effort to increase stillbirth awareness and education and lower stillbirth rates. And I am proud to help lead the legislation in Autumn's memory.

I want to thank Debbie for her perseverance on behalf of families across America. This heartbreaking loss can happen in any family, and there is so much we still do not know. So this new law, this bill, SHINE for Autumn Act, will help avoid a lot of the tragedy that Debbie, unfortunately, found with the death of her daughter, Autumn.

So I ask my colleagues to support the SHINE for Autumn Act.

Mr. GUTHRIE. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Ms. ROYBAL-ALLARD), the prime Democratic sponsor of the bill and the chairwoman of the Appropriations Subcommittee on Homeland Security.

Ms. ROYBAL-ALLARD. Mr. Speaker, I rise in support of H.R. 5487, the Stillbirth Health Improvement and Education for Autumn Act, or the SHINE Act.

For far too long, stillbirth has existed in the shadows of our maternity care system. Yet, each year, in the United States, about 24,000 babies are stillborn. This is more than 10 times as many deaths that occur from Sudden Infant Death Syndrome, yet SIDS is much more recognized and researched than stillbirth.

Due to our failure to invest in stillbirth research, the United States lags behind 181 nations who are more rapidly reducing their stillbirth rates than us. And similar to most adverse maternal and infant outcomes, our minority communities are disproportionately impacted by this heartbreak.

Also, families who experience a stillbirth tragedy are not well-supported by our healthcare system or their communities. This leaves families feeling isolated and unprepared to deal with their tragic loss.

As co-chair of the Congressional Maternity Care Caucus, I am proud to have worked with my co-chair and author of the bill, Congresswoman JAIME HERRERA BEUTLER, and my colleagues, Congresswoman KATHY CASTOR and Congressman MARKWAYNE MULLIN, to introduce the SHINE for Autumn Act this fall.

And I thank Debbie Haine for sharing her family's story of losing Autumn, and for her decade-long crusade to shine a Federal spotlight on this heartbreaking maternal health concern.

The SHINE Act will establish a Perinatal Pathology Fellowship program at the NIH to increase research on stillbirth. It will provide critical resources to Federal and State health departments to improve surveillance and data collection. And it will increase awareness and understanding of this perinatal tragedy by supporting the development of educational materials and guidelines for State and local health departments.

The SHINE Act also directs the Surgeon General to produce a report on stillbirth risk factors and requires the Secretary of HHS to report on the progress and effectiveness of the NIH training programs.

Today, this House has the opportunity to bring stillbirth out of the shadows and to invest in the education and research that will save babies lives.

I am proud to vote "yes" on the SHINE for Autumn Act, and I urge my colleagues to support this critical legislation.

Mr. GUTHRIE. Mr. Speaker, I am prepared to close.

This is an important bill. I can't imagine what Autumn's mother has gone through; what so many families have gone through with the stillbirth of their child. I encourage all my colleagues to vote for this bill, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge support for this critical legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 5487, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. WEBER of Texas. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

EARLY HEARING DETECTION AND INTERVENTION ACT OF 2021

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5561) to reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows: